Application or Docket Numb r

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I							ENTITY		OTHER	THAN
		(C	olumn 1)		mn 2)	TYPE		OR	SMALL	ENTITY
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE					Section And Section		345.00	OR		690.00
то	TAL CLAIMS		minus 2	0= •		X\$ 9=		OR	X\$18=	
	EPENDENT CL		) minus :	3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	290
CLAIMS AS AMENDED - PART II								_	OTHER	THAN
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDII. FEE		•	ADDIT: 1 CC1	
_		CLAIMS		HIGHEST			ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		00	+260=	
						TOTAL		OR	TOTAL	
						ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)	WEST SUMMARY STREET	(Column 2) HIGHEST	(Column 3)	· I				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.260-	-
	If the entry in colu	mn 1 is lass than t	he entry in colu	mn 2, write "0" in co	olumn 3.	+130=		OR	+260=	
••	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE is less the	an 20, enter "20."	ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	·	LCULA	.110N S	HEET)		
APPLICATION	NUMBER:			· · · · · · · · · · · · · · · · · · ·	<i>,</i>	
		Total Fed	e Calculation	; a		
	Fee Cade	Total # Claims	Number Exten X	Fee	Fcc	- Tota
	Sm./Lg.			Sm. Entiry	Le Entiry	
Buile Filing Fee	201/101		e e e e e e e e e e e e e e e e e e e		690	
Total Claims >20	203/103	<u>M</u> .20 .	x			
Independent Claims >1	202/102	3 ;-	х			
Mult, Dep Claim Present	204/104	•				
Surcharge	205/105				130	•
English Translation	139					•
TOTAL SES CALCULA	TION				4	
TOTAL FEE CALCULA	<u>VEION</u>			• ,		<del> </del>
Fees due upon filing d	he application.				• •	
Total Filing Fees Due	= \$	8:	20		-	
						•
Less Filing Fees Subm	iined - S		<u> </u>			
BALANCE DUE	= \$	8	(20			
	my.	·.			•	÷
Office of Initial Patent	Examination			•		

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)